

# Important Advances in Clinical Medicine

## *Epitomes of Progress — Otolaryngology/ Head and Neck Surgery*

*The Scientific Board of the California Medical Association presents the following inventory of items of progress in otolaryngology/head and neck surgery. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in otolaryngology/head and neck surgery that have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.*

*The items of progress listed below were selected by the Advisory Panel to the Section on Otolaryngology/Head and Neck Surgery of the California Medical Association and the summaries were prepared under its direction.*

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### **Snoring**

MOST CASES OF EXCESSIVE SNORING are probably surgically correctable by resecting redundant segments of the soft palate and lateral pharyngeal walls. Though this has been a known and practiced operation in Japan for many years, the procedure—a palatopharyngoplasty—has only recently been “discovered” in the United States. It developed here as an alternative to tracheotomy for the treatment of patients with mild to moderate obstructive sleep apnea. Excessive snoring, which always accompanies this condition, was universally alleviated or reduced to levels that allow these patients’ bed partners to sleep in the same room. Since the development of this procedure, patients with uncomplicated excessive social snoring have also been successfully cured.

The risks of the procedure are about the same as those of a tonsillectomy in an adult. Minor complications do occur in the form of occasional nasal regurgitation of liquids in some and slight dryness of the hypopharynx in others.

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### **REFERENCES**

- Fujita S, Conway W, Zorick F, et al: Surgical correction of anatomic abnormalities in obstructive sleep apnea syndrome: Uvulopalatopharyngoplasty. *Otolaryngol Head Neck Surg* 1981 Nov-Dec; 89(6):923-934
- Lugaresi E, Coccagna G, Cirignotta F: Snoring and its clinical implications, chap 2. In Guilleminault C, Dement WC (Eds): *Sleep Apnea Syndromes*. New York, Alan R. Liss, 1978, pp 13-21

### **Carotid Artery Management in a Radical Surgical Procedure of the Neck**

THE CAROTID ARTERY poses a significant problem if it is involved with tumor or exposed during wound breakdown postoperatively. Efforts are being made to make management better organized and less threatening to patients. Carotid artery involvement by tumor is most often that of extensive metastatic squamous cell carcinoma of the head and neck, or large glomus tumors of the base of the skull and neck.

When carotid artery involvement is suspected preoperatively, angiography is indicated to identify tumor extent, arterial involvement and cerebral collateralization. During surgical extirpation of a neoplasm, the carotid artery is evaluated